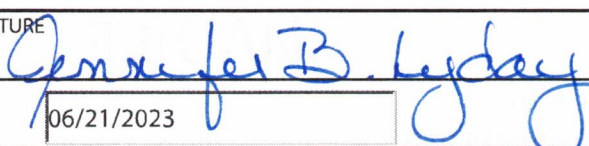


E.D.N.C. Local Form		UNITED STATES BANKRUPTCY COURT	
Read Instructions on Back:		<b>TRANSCRIPT ORDER FORM</b>	
1. NAME	2. PHONE NUMBER	3. DATE	
Jennifer Lyday	336-717-9161	06/21/2023	
4. MAILING ADDRESS (Include city, state, zip code)		5. EMAIL ADDRESS:	
370 Knollwood Street		mford@waldrepwall.com	
6. CASE NUMBER	7. JUDGE PRESIDING		
5:2019-bk-730	Joseph N. Callaway		
8. CASE NAME	9. DATE OF PROCEEDING	10. LOCATION OF PROCEEDING	
CAH Acquisition Company 1, LLC	06/20/2023	EDNC ZoomGov	
11. TRANSCRIPT ORDER FORM			
<input checked="" type="checkbox"/> BANKRUPTCY CASE		<input type="checkbox"/> ADVERSARY PROCEEDING	
12. TRANSCRIPT REQUESTED (Specify portion and date(s) of proceeding for which transcript is requested)			
PORTION(S)		DATE(S)	
<input checked="" type="checkbox"/> ENTIRE PROCEEDING		06/20/2023	
<input type="checkbox"/> OPINION OF COURT			
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)			
<input type="checkbox"/> OPENING STATEMENT (Defendant)			
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)			
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)			
<input type="checkbox"/> WITNESS TESTIMONY (Specify name of witness)			
<input type="checkbox"/> WITNESS TESTIMONY (Specify name of witness)			
<b>13. ORDER</b>			
CATEGORY	ORIGINAL (Includes Free E-Transcript for the Court)	ADDITIONAL COPIES	
ORDINARY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
14-DAY TRANSCRIPT	<input type="checkbox"/>	<input type="checkbox"/>	
EXPEDITED	<input type="checkbox"/>	<input type="checkbox"/>	
DAILY	<input type="checkbox"/>	<input type="checkbox"/>	
<b>CERTIFICATION (14 &amp; 15)</b> By signing below, I certify that I will pay all charges.			
14. SIGNATURE			
			
15. DATE			
06/21/2023			
ORDER RECEIVED		DATE	
TRANSCRIPT ORDERED		DATE	
TRANSCRIPT RECEIVED		DATE	